

FRESNO/KINGS/MADERA
EMERGENCY MEDICAL SERVICES

**HEALTH SERVICES AGENCY
POLICIES AND PROCEDURES**

Manual: Emergency Medical Services Administrative Policies and Procedures	Policy Number: 814 Page: 1 of 4
Subject: Release of Responsibility Form	
References: Division 2.5 of the Health and Safety Code; Title 22 of the California Code of Regulations; Fresno/Kings/Madera EMS Policies #546 and #811	Effective: 02/01/94

I. POLICY

An approved Release Of Responsibility Form shall be completed by an EMT (EMT-I or EMT-P) for any patient contact which results in the patient being released at scene or for any patient that refuses to accept care as prescribed in local EMS Policies and Procedures.

II. PROCEDURE:

A. Release At Scene (RAS)

1. If a patient, based upon local policies and procedures, requests to be released at scene, the EMT shall complete Section 1 (Fig. 1) of the Fresno/Kings/Madera EMS Agency Release of Responsibility Form in the following manner:
 - a. Record the date, time, PCR number, and EMS number.
 - b. Print the patient's name on the designated lines.
 - c. Obtain the patient/guardian signature(s) (prior to obtaining the signatures of the witness).
 - d. Obtain the signature of a responsible person who witnessed the patient signing the form. If available at the scene, the witness should be a law enforcement officer or a member of the patient's family.
 - e. Once the above is completed, the EMT shall sign his/her name and print his/her certification number on the designated lines.
2. Attach the Release of Responsibility Form to the patient's PCR.

Approved By: EMS Division Manager	Signatures on File at EMS	Revision: 02/01/97
Fresno County EMS Medical Director	Signatures on File at EMS	
Kings and Madera Counties EMS Medical Director	Signatures on File at EMS	

Subject	Release of Responsibility Form	Policy Number 814
---------	--------------------------------	----------------------

SECTION I		RELEASE AT SCENE (RAS)	
DATE _____ TIME _____ PCR# _____ EMS# _____			
I understand that any evaluation and/or emergency treatment I have received by these EMS personnel (including Emergency Medical Technician(s)) has been on an emergency basis only and it is not intended to be a substitute for complete medical assessment and/or care. I also understand that if I change my mind or my condition becomes worse and I decide to accept treatment and transportation by the Emergency Medical Services System, I can call back and they will respond.			
PATIENT'S NAME(Print) _____		PATIENT'S SIGNATURE _____	
PARENT/GUARDIAN SIGNATURE _____		RELATIONSHIP _____	
EMT'S SIGNATURE _____ # _____		WITNESS SIGNATURE _____	
COMMENTS _____			
-			
-			

Fig. 1

B. Refusal of Care/Treatment/Transport Against Medical Advice

1. If a patient refuses care, treatment, and/or ambulance transport as prescribed in local EMS Policies and Procedures, and that patient requires an AMA, the EMT shall complete Section II (Fig. 2) and Section III (Fig. 3) the Fresno/Kings/Madera EMS Agency Release of Responsibility Form in the following manner:
 - a. Section II - Refusal Of Care/Treatment/Transportation Against Medical Advice
 - (1) Record the date, time, PCR number, EMS number, the name of the Base Hospital Physician, hospital contacted.
 - (2) Print the patient's name on the designated line.
 - (3) Obtain the patient/guardian signature(s) (prior to obtaining the signatures of the witness).
 - (4) Obtain the signature of a responsible person who witnessed the patient, parent/guardian signing the form. If available at the scene, the witness should be a law enforcement officer or a member of the patient's family.
 - (5) Once the above is completed, the EMT shall sign his/her name and print his/her certification # on the designated lines.

Subject	Release of Responsibility Form	Policy Number 814
---------	--------------------------------	----------------------

SECTION II REFUSAL OF CARE/TREATMENT/TRANSPORT AGAINST MEDICAL ADVICE (AMA)	
DATE_____	TIME_____ PCR#_____ EMS#_____
<p>I refuse medical treatment and/or transportation against the advice of Dr. _____, Base Hospital Physician of _____ (hospital), and the Emergency Medical Technician(s) and EMS personnel. I acknowledge that I have been informed of and understand the risks and consequences involved in refusing medical treatment (including transportation), the benefits of such medical treatments and the alternatives (if any) to such treatment. Knowing this information, I hereby knowingly release the Base Hospital physicians of the Base Hospital, the Base Hospital, the EMT's and their ambulance and/or fire agency, the County (where this incident occurred), and the local EMS Agency, and all the foregoing parties, officers, agents, employees, and independent contractors from any and all responsibilities or any ill effects which may result from my decision. I also understand that if I change my mind or my condition becomes worse and I decide to accept treatment and transportation by the Emergency Medical Services System, I can call back and they will respond.</p>	
PATIENT'S NAME(Print)_____	PATIENT'S SIGNATURE_____
PARENT/GUARDIAN SIGNATURE_____	RELATIONSHIP_____
EMT'S SIGNATURE_____ #_____	WITNESS SIGNATURE_____
COMMENTS_____	

Fig. 2

b. Section III - Emergency Medical Technician's Acknowledgement

- (1) Print the name of the Base Hospital and Base Hospital Physician involved in the AMA decision.
- (2) The EMT shall sign his/her name and print his/her certification number at the bottom on the lines provided.

SECTION III EMERGENCY MEDICAL TECHNICIAN'S (EMT) ACKNOWLEDGEMENT
<p>I acknowledge that I, and/or the Base Hospital, have informed the above named patient of the proposed emergency medical treatment advised by Dr. _____, Base Hospital Physician of _____ (hospital), the risks and potential consequences involved in refusing such medical treatment (including transportation), the potential benefits of such medical treatment, and the alternatives (if any) to such treatment. At such time, based upon the assessment of the patient's mental status, the patient appeared to be alert and oriented. The patient additionally did not show overt signs of impairment in judgement or decision-making capacity. Furthermore, the patient appeared to understand the potential consequences of his/her refusal of the proposed medical treatment. I asked the patient to read and complete Section _____ of this form.</p>
EMT'S SIGNATURE_____ #_____

Fig. 3

FRESNO/KINGS/MADERA
EMERGENCY MEDICAL SERVICES

REFUSAL OF TRANSPORT FORM

SECTION I

RELEASE AT SCENE (RAS)

DATE _____ TIME _____ PCR # _____ EMS # _____

I understand that any evaluation and/or emergency treatment I have received by these EMS personnel (including Emergency Medical Technician(s)) has been on an emergency basis only, and it is not intended to be a substitute for complete medical assessment and/or care. I also understand that If I change my mind or my condition becomes worse and I decide to accept treatment and transportation by the Emergency Medical Services System, I can call back and they will respond. I also understand that I should seek medical attention with my private physician if I decide not to call.

PATIENT'S NAME (Print) _____ PATIENT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____ RELATIONSHIP _____

EMT-T'S SIGNATURE _____ # _____ WITNESS SIGNATURE _____

SECTION II

REFUSAL OF CARE/TREATMENT/TRANSPORT AGAINST MEDICAL ADVICE (AMA)

DATE _____ TIME _____ PCR # _____ EMS # _____

I refuse medical treatment and/or transportation against the advice of Dr. _____, Base Hospital Physician of _____ (hospital), and the Emergency Medical Technician(s) and EMS personnel. I acknowledge that I have been informed of and understand the risks and consequences involved in refusing medical treatment (including transportation), the benefits of such medical treatments and the alternatives (if any) to such treatment such as _____

_____. Knowing this information, I hereby knowingly release the Base Hospital Physicians, the Base Hospital, the EMTs and their ambulance and/or fire agency, the County (where this incident occurred), and the local EMS Agency, and all the foregoing parties, officers, agents, employees, and independent contractors from any and all responsibilities or any ill effects which may result from my decision. I also understand that if I change my mind or my condition becomes worse and I decide to accept treatment and transportation by the Emergency Medical Services System, I can call back and they will respond.

PATIENT'S NAME (Print) _____ PATIENT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____ RELATIONSHIP _____

EMT-T'S SIGNATURE _____ # _____ WITNESS SIGNATURE _____

SECTION II

REFUSAL OF CARE/TREATMENT/TRANSPORT AGAINST MEDICAL ADVICE (AMA)

I acknowledge that I, and/or the Base Hospital, have informed the above named patient of the proposed emergency medical treatment advised by Dr. _____, Base Hospital Physician of _____ (hospital), the risks and potential consequences involved in refusing such medical treatment (including transportation), the potential benefits of such medical treatment, and the alternatives (if any) to such treatment. The patient appeared to understand the potential consequences of his/her refusal of the proposed medical treatment.

EMT PRINT NAME _____ EMT SIGNATURE _____ # _____

COMMENTS _____

